#### National Survey of Pre- and Post-Analytical Performance Measures Used in Newborn Screening Programs

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#### Introduction



- Performance Measures: Objective way to measure the degree of success of a program in terms of its goals and objectives
  - Number of clients served
  - Change in attitude
  - Change in knowledge etc.
- Performance Measures in Newborn Screening:
  - Unsatisfactory rate
  - Number of serious complications avoided
  - Number of deaths avoided etc.

## The Texas Newborn Screening Performance Measures Project



- Three year grant funded by the Centers for Disease Control (CDC)
- Primary objective to develop evidence-based pre- and post-analytical performance measures to improve the newborn screening system
- Inputs sought via this survey to help in development of performance measures

### **Survey Objectives**



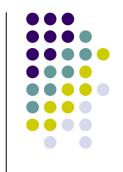
- To gather information on:
  - Existing pre-analytical performance measures
  - Existing post-analytical performance measures
  - Agencies/organizations to whom performance measures are reported
  - Frequency of reporting to external agencies/organizations
  - Suggestions for future performance measures to improve the NBS system

#### **Methods**



- Web-based survey sent to all 50 States and District of Columbia
- Follow-up via telephone

### **Survey Questions**

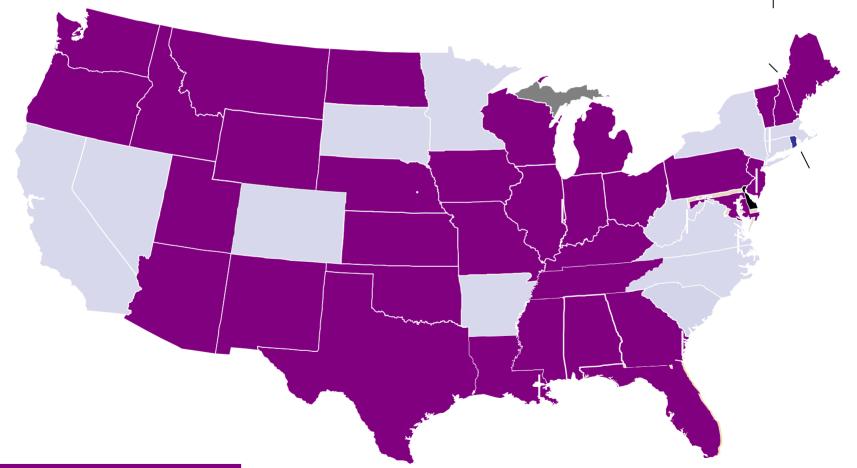


Survey questions allowed structured as well as unstructured (qualitative) responses

- Example: "Within your newborn screening program, which **pre-analytical** performance measures are routinely recorded? The following list includes some common examples please be sure to list any additional measures related to pre-analytical phases of newborn screening. (Choose all options that apply)"
  - Number of specimens classified as unsatisfactory because of poor specimen quality
  - Number of specimens classified as unsatisfactory because of insufficient or inaccurate data
  - Time from collection to receipt in the laboratory
  - Other (Please Specify)

### **Survey Responses**





Alaska and Hawaii responded as well!

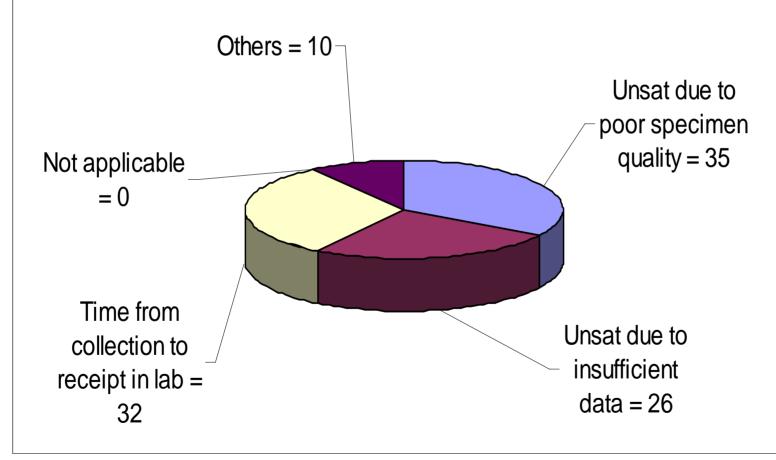
#### Results



- Number of surveys sent out = 51
- Number completed = 35
- Response rate = 68.62%
- Average time taken to complete survey = 11 minutes

#### Pre-analytical Performance Measures Recorded by State Laboratories (total 103 responses from 35 states)





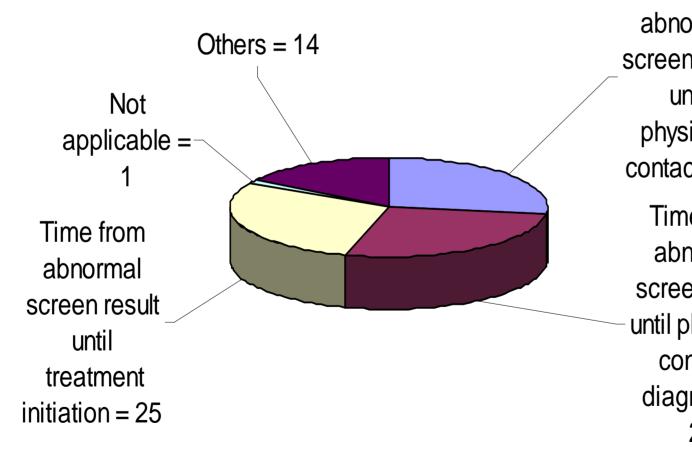
## Other Pre-analytical Measures Collected by States



- Measures related to time
  - Time from birth until specimen collection
  - Time from collection until receipt in the lab
  - Turn-around time within the lab
  - Time from birth until newborn screen result
- Measures related to errors in data
  - Errors in demographic data entry
  - Specimens drawn before 24 hours or after 7 days
- Measures related to missing data
  - Missed screens
  - Refused screens

# Post-analytical Performance Measures Recorded by State Laboratories (88 responses from 35 states)





Time from abnormal screen result until physician contact = 24

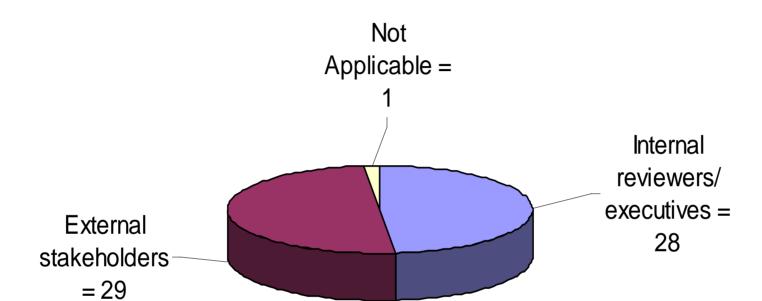
Time from abnormal screen result until physician confirms diagnosis =

## Other Post-analytical Measures Collected by States



- Time-related
  - Date of physician visit
  - Date of first repeat screen
  - Birth-defects registration date
  - Date of treatment initiation
- Data on abnormal results
  - Percent abnormal results followed
  - Annual list of confirmed cases detected via screening

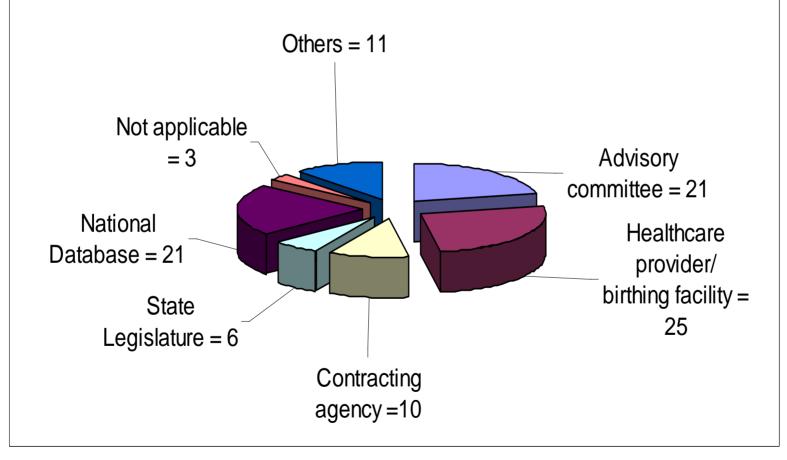
### Reporting of Performance Measures (58 responses from 35 states)





# Reporting of Performance Measures: Types of External Agencies (97 responses from 35 states)





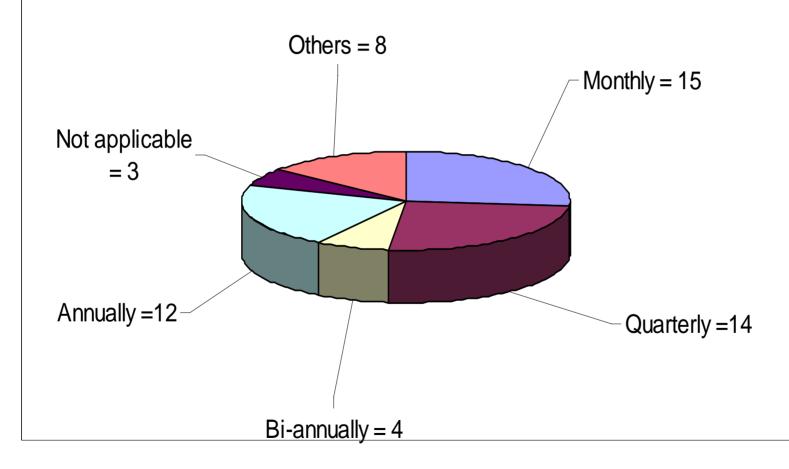
## Other External Stakeholders Notified by State Programs



- Medical sub-specialists
- State Board of Health
- Newborn screening workgroups
- Annual report for distribution and on the newborn screening program website

# Frequency of Reporting to External Agencies (56 responses from 35 states)







- Time-related
  - Time from abnormal screen result to physician notification
  - Time from receipt in lab until final result is obtained
  - Transit time
  - Specimen collection time
  - Time from birth until receipt of screening report by medical home



- Disorder-specific Measures
  - Number (%) of infants diagnosed with Sickle Cell Disease and treated before 2 months of age
  - Number (%) of infants diagnosed with PKU and treated before 7 days of age
  - Number (%) of patients with PKU where Phenylalanine levels were maintained in an acceptable range >80% of the time
  - Specimen collected too soon for testing based on condition (e.g. PKU, MSUD, CH, CAH etc.)



- Measures related to specimen quality
  - Unsatisfactory specimen rates
  - Specimen card field completion rate
  - Inadequate specimen rate
  - Hospitals to be informed about number of unsatisfactory specimens etc.



- Measures related to demographic information/birth records
  - Number (%) of births matched with screening records
  - Number (%) of births with documented screening completed
  - Demographic data errors



- Measures related to feedback
  - Long-term follow-up for patient outcomes
  - False negative rate
  - False positive rate
  - False positive rate with second tier testing
  - Periodic distribution of educational materials to families
  - Number (%) of diagnosed cases reported to national system as they are received (without waiting until a specific time)
  - Number (%) lost to follow-up
  - Number (%) "no diagnosis for greater than one year"

#### **Conclusions**

- Pre- and post-analytical measures collected by all states
- Disparity in:
  - Types of measures collected
  - Reporting agency
  - Frequency of reporting
- Not many measures currently being collected on longterm outcomes
- Measures suggested for the future by some states are already being collected by other states
- Some suggestions for improvement could apply to all states
- Need for standardization and uniformity
- Suggested measures match with suggestions made by the TNSPMP stakeholders, validate those suggestions

### **Questions?**



